

212

PLACE OF BIRTH

County of Gila
District of _____
Town of Hayden
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
Co. Register No. 678
Local Registrar's No. 72

FULL NAME OF CHILD Raymond Franklin McGovern } Born- } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? Yes Date of Birth Nov 18 1920
(Month) (Day) (Yr.)

FATHER
Full Name Nathan McGovern
Residence Hayden Ariz
Color or Race White Age at last Birthday 39 (Years)
Birthplace Kinney Co Texas
Occupation Clerk

MOTHER
Full Maiden Name Sarah Jane Day
Residence Hayden Ariz
Color or Race White Age at last Birthday 34 (Years)
Birthplace Kinney Co Texas
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 18 1920, at 11:25 A.M.
(*When there is no attending physician or midwife, then the householder should make this return.)
(Signature) W. W. Carson
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report 191
Address Hayden, Arizona

Filed Nov 18 1920 LOCAL REGISTRAR.
A True Copy
Filed 12/8 1920 COUNTY REGISTRAR.
945-1118-268 COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed within 5 days after birth. Midwife with each local Registrar within 5 days after birth.